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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

Logislativo S	Solutions III C		
	Solutions, L.L.C. ership, firm or corporation)		
			- Amril 0, 2010
III. Name of Client			Date April 9, 2018
Political Contributions For each political contribution client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:		to Elect House Democ	crats
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	0.00	Office Candidate i	s Seeking Representative
	NH Sanata Dama	cratic Caucus	
Full name of candidate:	NH Senate Demo		(Middle Name/Initial)
	(Last Name)	cratic Caucus (First Name) Office Candidate is	,
Amount of contribution \$ 250 If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) 0.00 d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	,
Amount of contribution \$ 250 If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name) 0.00 d contribution, provide ribution on the line about word "estimate." Boutin	(First Name) Office Candidate is a description of the good we for amount of contribution of the description of contribution o	s Seeking Senate ds or services provided, and enter the ution. If the actual cost is not known
	(Last Name) 0.00 d contribution, provide ribution on the line about word "estimate."	(First Name) Office Candidate is a description of the good we for amount of contributions.	s Seeking Senate ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a descri actual cost of the in-kind contribution on the line above for ar enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contri	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb is true and complete to the best of my knowledge and be	
- ODM	April 9, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Legislative S	olutions, L.L.C.		
(Name of partne	ership, firm or corporation)		
III. Name of Client			Date April 9, 2018
Political Contributions For each political contribution client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	Soucy	Donna	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250.	.00	Office Candidate i	is Seeking Senate
Full name of candidate:	Lasky	Bette	
Full name of candidate:	Lasky (Last Name)	Bette (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ 250.	(Last Name)		,
Amount of contribution \$ 250.	(Last Name) .00 I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	s Seeking Senate ds or services provided, and enter the
Amount of contribution \$ 250. If the contribution is an in-kind actual cost of the in-kind contri	(Last Name) .00 I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	,

If the contribution is an in-kind contribution, provide a descript	
actual cost of the in-kind contribution on the line above for ame enter an estimated value and the word "estimate."	ount of contribution. If the actual cost is not known,
enter an estimated value and the word estimate.	
(If more than three contributions were made, report additional contribu	utions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby	swear or affirm that the foregoing information
is true and complete to the best of my knowledge and beli	ief.
	April 9, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Name of Client	Legislative S	Solutions, L.L.C.		
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Gray Jim (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250.00 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Reagan John (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250.00 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Giuda Bob				
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Full name of candidate: Reagan (Last Name) Office Candidate is Seeking Senate If the actual cost is not known the line above for amount of contribution. If the actual cost is not known the line above for amount of contribution s an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Giuda Bob	Amount of contribution $\frac{250}{}$	0.00	Office Candidate i	is Seeking Senate
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250.00 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Giuda Bob				
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actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Giuda Bob	Full name of candidate:			(Middle Name/Initial)
i dii name oi canadate.		(Last Name)	(First Name)	
(Last Name) (First Name) (Middle Name/Initial)	Amount of contribution \$ 250 If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) .00 d contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	s Seeking Senate ds or services provided, and enter the
	Amount of contribution \$ 250 If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name) .00 d contribution, provide ibution on the line about word "estimate."	(First Name) Office Candidate is a description of the good we for amount of contribution of the Bob	s Seeking Senate ds or services provided, and enter the ution. If the actual cost is not known,

If the contribution is an in-kind contribution, provide a description of the actual cost of the in-kind contribution on the line above for amount of co	
enter an estimated value and the word "estimate."	•
(If more than three contributions were made, report additional contributions on s	eparate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or is true and complete to the best of my knowledge and belief.	affirm that the foregoing information
Mall	April 9, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Legislative S	Solutions, L.L.C.		
(Name of partner	ership, firm or corporation)		
III. Name of Client			
Political Contributions For each political contributi client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	Watters	David	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	.00	Office Candidate i	is Seeking Senate
enter an estimated value and th	ne word "estimate."		
	word "estimate." Woodburn	Jeff	· .
		Jeff (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ 250	Woodburn (Last Name)		,
Full name of candidate: Amount of contribution \$ 250 If the contribution is an in-kind	Woodburn (Last Name) .00 d contribution, provide a ibution on the line above	(First Name) Office Candidate is description of the good	s Seeking Senate ds or services provided, and enter th
Full name of candidate: Amount of contribution \$ 250 If the contribution is an in-kind actual cost of the in-kind contr	Woodburn (Last Name) .00 d contribution, provide a ibution on the line above	(First Name) Office Candidate is description of the good	, ,

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for arr	otion of the goods or services provided, and enter the
enter an estimated value and the word "estimate."	iount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contrib	outions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby	swear or affirm that the foregoing information
is true and complete to the best of my knowledge and be	lief.
UNDA/C	April 9, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

(Name of partner III. Name of Client Political Contributions	ship, firm or corporation)		Date April 9, 2018
Political Contributions			Date April 9, 2018
For each political contributio client/lobbyist and lobbying t	n that is reportable firm, indicate the fo	pursuant to RSA Chap llowing:	oter 664 paid on behalf of the
Full name of candidate:	Birdsell	Regina	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250.0)0	Office Candidate i	s Seeking Senate
Full name of candidate:	(Last Name)	William (First Name)	(Middle Name/Initial)
Amount of contribution \$ 250.0	,	Office Candidate is	,
	oution on the line above		ds or services provided, and enter the ution. If the actual cost is not known
Full name of candidate:	Senate Repub	lican Majority PAC	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a desactual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
enter air estimated value and the word estimate.	•
(If more than three contributions were made, report additional con	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and her is true and complete to the best of my knowledge and	
_ Want	April 9, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying part	nership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.
Name of Client (leave by particular client):		• • • • • • • • • • • • • • • • • • • •	corporation and not related to any
Date of Report (check	one):		
April 25, 2018 54	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
			d Expenses described above, and imber of Addendum forms being
Addendum A(s).		
Addendum B(s).		
Addendum C(s)).		
I hereby swear or affirm complete to the best of (Signature of lobbyist)		ief.	et and each Addendum is true and each each each each each each each each
Robert Clegg			
(Print Name of lobbyist)		

State of New Hampshire

Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partr	nership, firm, or corpor	ation: Legislative Solution	ns, L.L.C.
Name of Client (leave b	lank if Statement is for	the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check o	ne):		
April 25, 2018	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
the following Addendur submitted):	ns submitted with tha		d Expenses described above, and umber of Addendum forms being
Addendum A(s)			
Addendum B(s).			
Addendum C(s).			
complete to the best of h		ef.	9, 2018
(Signature of lobbyist)			(Date)
Periklis Karoutas		_	
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying partr	ership, firm, or corpo	ration: Legislative Solution	ns, L.L.C.
Name of Client (leave b	lank if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check o	ne):		
April 25, 2018	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
			d Expenses described above, and imber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of m		ef.	t and each Addendum is true and 9, 2018 (Date)
			•
Leann Moccia			
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist

RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying par	mership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.		
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one):					
			nd Expenses described above, a umber of Addendum forms be		
Addendum A(s	s).				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affir complete to the best of			nt and each Addendum is true a		
Churtyl	flu	April	9, 2018		
(Signature of loobyist)			(Date)		
Chris Herr					
(Print Name of lobbyis	t)				